Elder Abuse and Neglect

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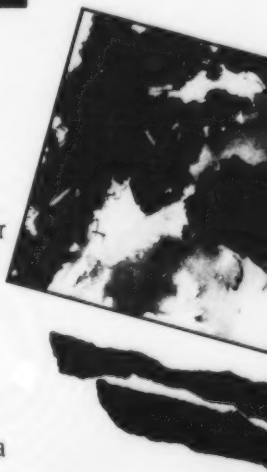
Although elder abuse and neglect have existed for thousands of years, only within the last decade has our society recognized the severity of the problem. This booklet is about elder abuse in families. It was written to increase your understanding of the dynamics which lead to this type of abuse.

While some cases of elder abuse begin later in life, many have found their beginnings in earlier years. A family may, for example, have a history of wife abuse which continues into old age. Or, in a reversal of roles, adults abused as children, may themselves become abusive towards their aging parents. Unresolved family conflicts may also contribute to the abuse of elderly people.

In this publication, we provide detailed information about elder abuse and neglect: how often they occur, why they occur, how to identify such cases, what one can do to help the elderly victims, and what still needs to be done to effectively address the problem. Through increasing your awareness and understanding of elder abuse you will be able to deal more appropriately with situations you may encounter.

If you would like more information on the topic of prevention, the Office for the Prevention of Family Violence also distributes a publication entitled *'Stopping Abuse Before It Starts, Thoughts on Prevention'*. It discusses how individuals and communities can work together to prevent family violence from happening at all.

In general terms, elder abuse/neglect is any action or inaction which results in the physical, mental, or emotional harm of an elderly person. The following categorizes the various types of abuse and neglect:



Financial or Material Abuse

Financial or material abuse includes the withholding of finances through trickery or theft, the misappropriation or misuse of funds or property, forced sale of home or possessions, forced change of will, or abuse of trusteeship or guardianship.

Neglect

Neglect may be the intentional withholding of clothing, food, medication, personal or health care; leaving the elderly person in an unsafe place, in isolation, or tied to a chair or a bed. It may also be unintentional when the caregiver does not provide necessities because of lack of information, skill or interest.

Psychological or Emotional Abuse

Psychological or emotional abuse includes the use of threats, humiliation, forced socialisolation, or intimidation; treating the elderly person like a child (infantalizing); or removing decision-making power.

Physical Abuse

Physical abuse includes the bodily harm or pain caused by hitting, slapping, scratching, cutting, burning, sexually molesting, rough handling, or inappropriate physical restraints. It could also involve over medication (for example, in order to keep the person sedated and under control).

Usually the types of abuse and neglect overlap. For example, a person who is financially or physically abused is probably also psychologically and emotionally abused.

In 1988, a study on abuse of elderly people in Canada was undertaken by the Ryerson Polytechnical Institute. Funded by Health and Welfare Canada, the survey consisted of telephone interviews with over 2000 elderly persons living in private dwellings. (Approximately 2.5 million or 90 percent of elderly people living in Canada live in private dwellings.) Results indicated that about four percent or 98,000 elderly persons in Canada may have recently suffered one or more forms of abuse or neglect.

Prevalence rates for Alberta were slightly lower than the national average (three percent).

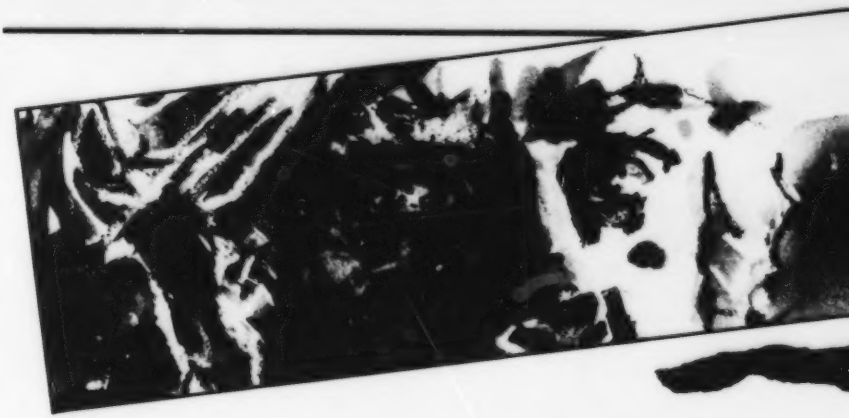
The study titled: National Survey on Abuse of the Elderly in Canada, found material abuse accounted for more than one-half the cases while psychological or emotional abuse accounted for about another one-third. Psychological or emotional abuse was categorized as chronic verbal aggression in this study.

In 1985 a study of elderly people in Alberta was completed. This study consisted of interviews and questionnaires sent to professionals and individuals in the helping profession working with elderly people.

Five hundred cases of abuse over a five-year period were reported by agencies. While over half the agencies which responded were not aware of any elder abuse, it was clear that elder abuse and neglect did exist in the province. Many of the professionals did not keep records and were relying strictly on memory.

Results of both of these studies, however, conclude that elder abuse is a serious problem and warrants attention by policy makers, social service and legal system representatives and researchers.

Any elderly person, male or female, can be vulnerable to abuse. It is not just old, frail, dependent people who become victims. Elderly persons in good health or poor health from any cultural or ethnic group may be abused.



Unlike the abused child who is often spotted in the school system, the elderly person is more easily isolated and hidden from public view. In addition, the abused elderly person might conceal the situation for a variety of reasons: fear of being institutionalized; fear of retaliation by the caregiver; love for the caregiver and the desire to protect him/her from the consequences should the abuse be revealed. The victim might also feel the abuse is deserved. Shame or embarrassment are other possible factors which might keep the maltreated person in the situation. He/she and other family members may not want other people to know about family flaws.

Effects of Abuse

All forms of abuse have serious consequences for the victim's well-being. Misuse of an elderly person's finances can seriously affect the quality of the victim's daily life. Some forms of physical abuse, such as broken bones, may cause lasting pain for an elderly person whose healing powers are not as efficient as they once were. Some of the psychological effects resulting from all types of abuse include: lowering of victim's self-esteem; increased isolation; feelings of self-blame and acceptance of responsibility for the abuse. Many victims report that the maltreatment has negative effects on their general health as well.

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The National Study indicates that abusers are typically close relatives with spouses being the most common. The Alberta study states that sons, closely followed by spouses, are the most frequent abusers. Also among abusers are siblings, children, grandchildren, stepchildren, great-grandchildren, in-laws, other relatives, and friends and acquaintances. Many abusers are elderly persons themselves.

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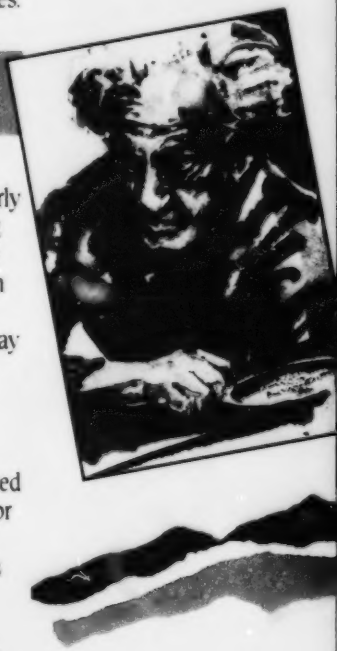


There are a number of possible contributing factors which could lead to abuse or inadequate care of elderly people. In any situation there may be several contributing factors, and more than one kind of abuse or neglect. The national survey found that 19 percent of victims had been subjected to more than one form of abuse. Verbal abuse was involved in all cases of multiple abuse, therefore it may also be an indication that victims have been subjected to other forms of maltreatment.

Understanding the possible contributing factors is helpful in deciding how to intervene sensitively and effectively. It is important to realize that the people involved may not always recognize the source of their difficulties, or may not consider the situation a problem. Cultural differences, differences in expectations, and mental illness are factors which influence the way people view the acceptability of a situation.

The following are theories about contributing factors:

Learned Family Response

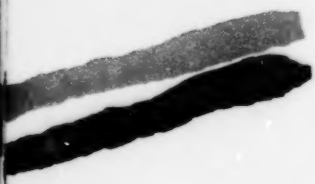
A history of family violence increases the possibility of elder abuse. Some studies indicate that a large number of abusers witnessed violence in their families of origin and/or were abused themselves as children. Abuse for these people is a learned and accepted response to a stressful situation. This, of course, does not necessarily mean that if a person grew up in a violent family he/she will become abusive to a parent.

Unresolved Family Conflict

Unresolved family conflicts can continue to influence family relationships in negative ways. Elder abuse is frequently a case of abuse by a husband or wife. It is really a continuation of spousal abuse into the senior years. Sometimes the situation is reversed when an abusive spouse becomes disabled or ill. The previously abused spouse might retaliate and become the abuser.

Elder abuse can also occur when adults who were abused as children become the caregivers for their formerly abusive parents. The adult children now have the opportunity to retaliate for the abuse they suffered.

Abuse which begins in older years could be prompted by changes in a relationship which can result from such things as retirement, financial worries, physical or mental illness.



Dependency

Whenever there is a relationship where one person is dependent and another person has the helping or caregiving role, there is the potential for misuse of power by the latter. Much of the past literature tended to blame elder abuse on the victim's increased demands on the caregiver. However, new studies are revealing that in many cases of elder abuse, the abusers are dependent in some way on the elderly victim. This is being linked to the abuser's efforts to maintain control in spite of his/her dependency on the elderly person. Definitely more research which focuses on the reasons for the abuser's behaviour is necessary. This is especially so since increasing divorce and unemployment rates are forcing more adult children to live with their elderly parents, thus creating more opportunities for this type of abusive situation.

On the other hand, when adult children are pressured into caring for a dependent elderly relative, resentment, guilt, frustration, anger and added financial worries can all contribute to the risk of elder abuse. This risk may increase if the caregivers are raising young children or adolescents of their own who demand much of their attention.

Societal Attitudes

Negative attitudes and lack of concern towards elderly people can weaken inhibitions against abusing them. Their abuse may be regarded as less serious than other forms of abuse because of these attitudes. Our society focuses on youth and attractiveness and the value of aging people lessens in the eyes of many.

Elderly people are often stereotyped as frail and incompetent or without power. If we are to work towards prevention of elder abuse we need to change society's attitudes, perceptions and treatment of elderly people.

Along with this we must redefine family roles and responsibilities. Traditionally, women have been the caregivers in the family. However, the number of women working outside the home has increased dramatically but the expectations for women in the caregiving role have not changed. Women can no longer take the main responsibility for the care of elderly relatives. By changing some of these attitudes, the problems associated with aging and elder abuse can be addressed.

Lack of Knowledge

Lack of understanding of the aging process by caregivers and professionals leads to unreasonable expectations being placed on elderly people. This leads to frustration which can increase the risk of abuse.

Lack of professional awareness of the problem of elder abuse means fewer cases of elder abuse are detected. Lack of detection and reporting protocols makes it difficult for people working with elderly people to respond. There needs to be more widespread knowledge about resources that are needed or are available for elderly people.

Elderly people themselves need to be made aware of the different types of abuse; what their rights are in different situations; and what help is available to them.

Drugs and Alcohol

Overuse of drugs or alcohol on the part of the abuser or the abused can also be a factor contributing to abuse. Some abusers use their excessive consumption of alcohol as an excuse or rationale for being abusive. The National Survey on Abuse of the Elderly found alcohol abuse by the perpetrator to be a factor in 50 percent of the cases of physical abuse. It was not as large a factor in the other types of abuse.

Stress

Although stress is recognized as a factor which might increase the risk of abuse, it is important to remember that stress alone is not the reason people abuse others. The above contributing factors all have elements of stress. Some other sources of stress which may lead to abusive situations are:

- when an elderly person or a caregiver develops a physical or mental illness, additional strain is put on the relationship. Strain may be a direct result of the illness or may be a result of not understanding the condition, not knowing how to deal with the situation or emotional complications associated with the illness;
- lack of sufficient funds for necessities or leisure time activities is a contributor to stress;
- lack of resources and services for elderly people and caregivers leaves many people in stressful situations without support;
- lack of alternatives to institutionalization of elderly people makes elderly people's choices about living accommodations difficult;
- fear about one's own aging and the inability to accept signs of aging in relatives are also sources of stress.

It should be emphasized that any or all of the above conditions could exist in a situation with no neglect or abuse occurring. Helping a person continue to live in the community is a worthwhile and important endeavour. However, people must be sure they are not exerting power and control over other individuals, rather than helping them maintain control over their own lives.

How to Identify Elder Abuse and Neglect

One of the difficulties in identifying cases of elder abuse/neglect is in making the connection between the impairment of the physical and mental condition of an elderly person and the possibility of maltreatment.

Professionals and the general community may not recognize cases of abuse/neglect, making the assumption that the elderly person's behaviour or physical state is a result of old age and frailty brought on by chronic health problems. Bruised and broken limbs may sometimes be attributed to poor balance or brittle bones. Signs of malnourishment and immobility could be assumed to be due to frailty associated with old age. Complaints may be attributed to confusion or senility.

Studies have shown that when people have some understanding of the subject,they are more likely to identify abuse/neglect. Awareness of indicators of neglect and of financial, psychological, emotional or physical abuse will help to alert the public to the possibility of maltreatment. Some of the indicators of the various categories of abuse and neglect are described below; often there is a combination of several types. **The presence of any one of these indicators does not necessarily imply that abuse is taking place: it simply means that further investigation may be warranted.**

Indicators of Financial Abuse

Financial abuse is often difficult to identify as many elderly persons do give money to their children readily or offer assistance when their children are experiencing financial problems. Also, many elderly people make informal arrangements allowing their caregivers to handle the banking and other financial matters.

In the National Survey on Abuse of the Elderly in Canada, financial abuse was reported most frequently (in over 50 percent of the cases). Indicators of financial abuse may include the following:

- depletion of an elderly person's retirement savings with evidence that the person did not know about the debits;

- sale of property by the elderly person who seems confused as to the reason for the sale, or without any previous planning in relation to the sale;
- cashing of pension cheques without prior authorization by the elderly person;
- an overdrawn account which the elderly person does not expect.

Both the elderly person's physical condition and the condition of the surroundings could provide clues to the financial situation. More specifically, a discrepancy between the person's standard of living and financial assets could indicate financial abuse.

Indicators of Neglect

Signs of neglect could indicate self-neglect. As mentioned earlier, neglect could be purposeful, or a matter of ignorance or indifference. It should also be noted that standards of grooming and housekeeping are arbitrary – what might be acceptable to one family might not be acceptable to another. One way to measure whether a situation should be considered a case of neglect would be to determine its physical and emotional cost to the elderly person. Possible signs of neglect:

- pallor, dry lips, excessive weight loss are possible signs of malnourishment;
- dirty clothes or clothing that is inappropriate to the weather; shivering, a blue tinge to the skin and lowered body temperature are indications of hypothermia and may indicate that the person has been dressed in inappropriate clothing or has been living in an inadequately heated home;
- no dentures, hearing aid or eye glasses when these might be needed;
- signs of infrequent bathing;
- signs of incontinence such as soiled linens or urine burns;
- skin or mouth sores;
- physical or mental deterioration without medical reason;
- confinement (the person is rarely seen outside the place of residence);
- the person is seen wandering dangerously;
- an apparent lack of groceries or nutritious food supplies;
- pills scattered about or some evidence of inadequate or over-medication;
- cooking and housekeeping standards which could cause illness or contribute to falls.

Indicators of Emotional/ Psychological Abuse

Psychological or emotional abuse is more difficult to identify than the other categories. As mentioned earlier, it may also be an indication that other forms of abuse are present. Indicators might include:

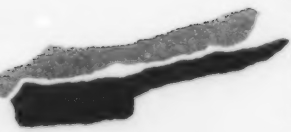
- the elderly person seems frightened and the eyes dart about, particularly around certain persons;
- the elderly person seems unsure or helpless about making decisions on matters of a personal nature;
- the elderly person seems withdrawn, apathetic, depressed or unresponsive without any apparent reason;
- there are physical indicators of imposed isolation (locks on doors, no phones, radio or television);
- the elderly person is seen being treated like a child by a spouse or other relatives;
- it is apparent that the caregivers, or those who live with the elderly person, are notably passive, withdrawn or uninterested in the elderly person.
- Examples of responses which indicate psychological abuse are:

Threat: If you don't obey me, I'll lock you up in your room or tie you to a chair. If you don't behave, I'll put you in a nursing home.

Infantilization: Now be a good boy and eat all of your dinner.

Humiliation: You've wet your bed again! Taking care of you is like caring for a baby.

Indicators of Physical Abuse



This is the most visible form of elder abuse and the most likely to be detected. Indicators of physical abuse could include any of the same indications listed under emotional/psychological abuse. The following are indicators of physical abuse, but some could also be indicators of undiagnosed physical illness:

- unusual patterns of bruises, grip marks or welts on the chest, shoulders, backs, arms or legs, or evidence of swelling and tenderness;
- burns from cigarettes, ropes, chains, chemicals or brushes;
- unexplained cuts or scrapes;
- head injuries (e.g. absence of hair, bleeding beneath the scalp, or other evidence of hair pulling);

- shuffling, loss of mobility accompanied by weakness might indicate the use of restraints;
- a groggy or confused elderly person might be an indication that the person has been over-medicated to make him/her more 'cooperative';
- failure of a treatable medical problem to improve or the continued presence of pain could indicate that the elderly person is under-medicated;
- pain, bruising or bleeding in the genital area may indicate sexual abuse.

Anyone who has access to the living quarters of the elderly person should also be aware of the following indicators:

- unusual markings on the bed or other household furniture, which may indicate that the person has been physically confined to a chair or bed;
- padlocks on doors, particularly the person's bedroom, may indicate restriction of the person's movement;
- padlocks on areas where food is stored may indicate that the person's access to food is restricted.

Intervention and Community Resources

Every situation is different and requires an individual approach. Once elder abuse or neglect is suspected or identified, the following basic principles must be considered before intervention can take place.

1. There must be respect for the abused/neglected elderly person's right to accept or reject help. Elder abuse/neglect violates the rights and well-being of people. It is also a violation of the elderly person's rights to insist on some form of intervention without that person's agreement when the person is capable of understanding. Care must be taken to ensure that intervention does not deny the rights of the elderly person to self-determination.

   The legal rights of the elderly are no different from those of any other competent adult. Elderly people must not be labelled incompetent simply because they decide,

of their own free will, to remain in a situation. Consent for intervention should be a priority except where short-term services are required to prevent the elderly person from suffering immediate or irreparable physical injury or death, or the person is unable to give consent.

2. Intervention must be appropriate and as intense as the situation demands. Inadequate or inappropriate intervention in some cases could be worse than none at all. A plan for intervention should include consideration of how change will affect each of the persons involved.
3. Realistic assessment must be made as to whether the elderly person will benefit most by leaving or staying in the situation. **The wishes of the elderly person are of primary importance in making a recommendation.**
4. A positive model of caregiving can be demonstrated and learned by family members. People of all ages have the potential to learn and to change. A spouse or child can be helped to sort out feelings about unresolved conflicts. The elderly person can be helped to find out about resources or think about alternative living arrangements for care.
5. Development and use of community-based services can be important resources for the individual and the family. In some instances, the resources might enable the elderly person to manage on his or her own. More availability of respite care would also enable caregivers to have more time for themselves.
6. Caregivers of elderly people can be encouraged to join or form support groups which would provide assistance in stressful times.
7. There is nothing to be gained from accusing the abuser or the abused. The purpose of intervention is to try to bring about change in a harmful situation.
8. In cases where there has been sexual assault or physical violence, the victim or the police may lay charges. Fraud or misappropriation of funds are crimes and can be reported to the police.
9. Unless there is immediate danger of physical harm, intervention should be undertaken with great care as the abuser could possibly retaliate against the elderly person.

How to help elderly people help themselves

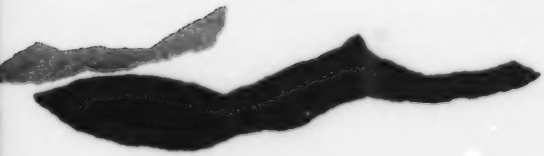
Given the types of elder abuse/neglect and the possible contributing factors, a multi-disciplinary approach to prevention and intervention is considered the best way to deal with this problem. Professionals who might be consulted are: doctors, social workers, community health nurses, the police, psychologists, lawyers.

If abuse is suspected or discovered, it is important to discuss all aspects of the situation with the elderly person. This might include:

- discussing all options which might be available.
- encouraging contact with a doctor, lawyer, home care person, social worker or public health worker, if applicable;
- helping the person understand that protecting the abuser's 'reputation' does not do anything to help the abuser change and grow;
- informing the person about benefits for which he/she might be eligible – benefits which help the person to be more independent;
- helping the person to understand that nobody deserves to be abused, and that there is probably a solution to a problem which seems unsolvable;
- providing information on counselling services for the abused or the abuser;
- helping the person understand that abuse occurs among rich and poor, the better educated and the less educated, and that the perfect family is a myth;
- explaining the dynamics of spousal abuse and the cycle of violence so the elderly person might better understand his/her situation.

Timely and appropriate intervention strategies might help to prevent or alleviate the abuse of elderly people. This might include the use of existing community services such as:

- contacting the home care program of the local health unit to assist with chores, light housekeeping, rehabilitation, personal care or nursing services if needed (where available);
- discussing with elderly people their options to have a friendly visitor drop in occasionally to provide outside contact. A friendly visitor may also be able to monitor an abusive situation;



- providing information on adult day services or drop-in centres (where they exist) so elderly people have the choice of attending if they want or need support;
- making elderly people aware of services provided through the local senior's centre such as group meals, meals-on-wheels, telephone buddy calls, health counselling, information services and volunteer opportunity programs;
- encouraging elderly people to get a thorough health assessment by a family doctor or someone from the local health unit.

Elderly people could be encouraged to review their financial situation with someone who is aware of all benefits available to seniors. Sometimes pensioners remain in abusive situations because of the belief that there are not enough finances to make a change. Senior citizens with low incomes may not be aware of the federal and provincial supplements, the renters grant, subsidized apartments and lodges in the province.

For information about community resources, call your local information line or ask directory assistance for the phone numbers of the following services:

- **Senior Centre**
- **Family and Community Support Services (F.C.S.S.)**
- **Local Board of Health**

or from the following provincial government offices:

Seniors Advisory Council for Alberta
Suite 405, Energy Square Building
10109 - 106 Street
Edmonton, Alberta T5J 3L7
Telephone: **427-7876 in** Edmonton calling area.
Toll-free line for all other areas: **1-800-642-3853**
(for information about community resources)

Office for the Prevention of Family Violence
Alberta Family and Social Services
11th Flr., Seventh Street Plaza
10030 - 107th St., Edmonton, Alberta T5J 3E4
Telephone: **(403) 422-5916**

The Women's Secretariat
8th Floor, Kensington Place
10011 - 109 Street
Edmonton, Alberta T5J 3S8
Telephone: **422-4927**
(for information about abuse of women)

In Edmonton area call:
Elderly Adult Resource Service
8815 - 99 Street
Edmonton, Alberta T6E 3V3
Telephone: **439-3100** (a 24-hour answering service to respond to inquiries and allegations of elder abuse and neglect)

In Calgary area call:
Kerby Centre
1133 - 7th Avenue S.W.
Calgary, Alberta T2P 1B2
Telephone: **265-0661**

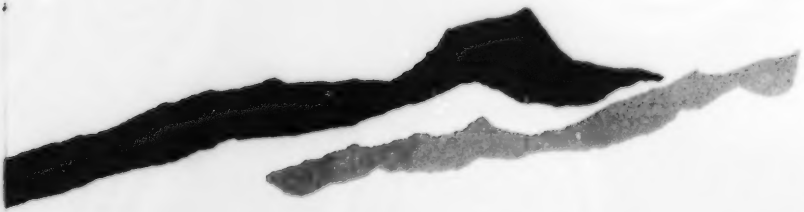
Legal Alternatives

- The person who seeks to intervene in an abusive situation through an application for guardianship/trusteeship, because the older person is cognitively impaired, should be careful to leave the elderly person with the right to make decisions in those areas where the latter is competent, while providing assistance with those duties which the person is not competent to handle on his/her own.
- A paper describing Power of Attorney, Guardianship, and Trusteeship may be obtained from the Seniors Advisory Council for Alberta.
- For people with low incomes, Legal Aid is available in many areas of the province and can provide legal assistance.
- The local police can lay charges when there is evidence of assault or fraud.

Conclusion

In cases where contact is made with an abused or neglected elderly person, care must be taken to approach the person in a friendly, helpful manner, rather than trying to force the person to accept help. The person who is concerned must be able to accept the elderly person's choice to refuse help after the latter has been alerted to a range of available options.

If intervention is refused, in some cases, arrangements may be made for monitoring of the person through the local health unit or perhaps through an outreach worker in a local Family and Community Support Services office. This service is not available at all health units and F.C.S.S. offices.



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The Senior Citizen's Secretariat originally published this booklet in 1988 in consultation with an ad hoc committee which was formed to address the issue of elder abuse.

Committee members represented the following offices:

Edmonton Board of Health

Home Care Unit (Alberta Health)

Alberta Health Facilities Review Committee

Kerby Centre (Calgary)

Provincial Senior Citizens Advisory Council

Office of the Public Guardian

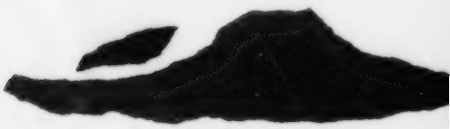
Edmonton Social Services

New Horizons

Office for the Prevention of Family Violence

Women's Secretariat

Representatives from Mental Health Services (Edmonton Region), Community Health Nursing (Alberta Health), and Edmonton Interagency Group on Elder Abuse also reviewed an early draft.



Originally printed February 1988.
Revised and reprinted by the Office for the Prevention of Family Violence January 1991.